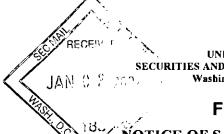
FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR

1258441

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response.....16.00

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UNIFORM LIMITED OFFERING EXEM	PIION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Private Placement of Equity Securities	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	☑ ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	07040023
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
North Texas Bancshares, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
5307 E. Mockingbird, Suite 200, Dallas, Texas 75206	(214) 370-4500
Address of Principal Business Operations (Number and Street. City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	<u></u>
Holding company for Texas state bank	PROCESSED
Type of Business Organization Corporation I limited partnership, already formed other (business trust I limited partnership, to be formed	please specify): JAN 1 2 2007
Actual or Estimated Date of Incorporation or Organization: 1.2 0 0 Actual Esti Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	mated THOMSON
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			A. BASIC IDE	NTII	ICATION DATA				
2. Enter the information requ	uested for the foll	owing:							
 Each promoter of the 	e issuer, if the issu	uer has	been organized wi	thin t	he past five years;				
 Each beneficial owner 	er having the powe	r to vo	te or dispose, or dire	ct th	e vote or disposition (of, 10	% or more o	f a clas	s of equity securities of the issuer.
 Each executive office 	er and director of	согро	rate issuers and of c	orpo	rate general and man	aging	partners of	partne	rship issuers; and
 Each general and ma 	naging partner of	partne	ership issuers.						
Check Box(es) that Apply:	Promoter	✓ I	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if it James P. Mango, Jr.	individual)								
Business or Residence Address 5307 E. Mockingbird, Suite				ie)					
Check Box(es) that Apply:	Promoter	Z	Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if i	individual)								
Business or Residence Address 5307 E. Mockingbird, Suite	•			ie)					
Check Box(es) that Apply:	Promoter	Z) 1	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if i Jon Roy Reid	individual)								
Business or Residence Address	(Number and S	Street,	City, State, Zip Coo	de)					
5307 E. Mockingbird, Suite	200, Dallas, Te	exas 7	75206						
Check Box(es) that Apply:	Promoter	I	Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)		•						
William R. Cawley									
Business or Residence Address 5307 E. Mockingbird, Suite			City, State, Zip Coo 75206	ie)					
Check Box(es) that Apply:	Promoter	I	Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if Stuart Reeves	individual)								
Business or Residence Address 5307 E. Mockingbird, Suite				ie)				-	
Check Box(es) that Apply:	Promoter	F	Beneficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, if a James R. Stacy	individual)								
Business or Residence Address 5307 E. Mockingbird, Suite	•			ie)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, if a John M. Yeaman	individual)								
Business or Residence Address 5307 E. Mockingbird, Suite				ie)				<u>.</u>	

					A. BASIC IDI	ENTI	FICATION DATA				
2. I	Enter the information	on re	quested for the fo	llowir	ıg:				-		
•	 Each promoter 	of t	he issuer, if the is	suer h	as been organized w	ithin	the past five years;				
•	 Each beneficia 	ıl ow:	ner having the pov	ver to	vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	fa clas	s of equity securities of the issuer.
•	 Each executive 	e off	icer and director o	of corp	oorate issuers and of	согро	rate general and man	aging	partners of	partne	ership issuers; and
	 Each general a 	and n	nanaging partner o	of part	nership issuers.						
Check	Box(es) that Appl	y:	Promoter		Beneficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
E 11 X	1		C 1 - 4114 15								
	lame (Last name fi nas R. Youngblo		t individual)								
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	7 E. Mockingbird				t, City, State, Zip Co s 75206	ode)		<u></u> _			
Check	k Box(es) that Appl	y:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full N	Name (Last name fi	rst, i	f individual)								
Gary	S. Flemmons										
Busin	ess or Residence A	ddre	ss (Number and	Stree	t, City, State, Zip Co	ode)	****				<u> </u>
5307	E. Mockingbird,	Suit	e 200, Dallas, T	exas	75206						
Check	Box(es) that Appl	y:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
	lame (Last name fi y O. McCarter	rst, i	f individual)	_							
	ess or Residence A E. Mockingbird,				t, City, State, Zip Co 3 75206	ode)					
Check	Box(es) that Appl	y:	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full N	lame (Last name fi	rst, i	f individual)								· · ·
Micha	ael G. Merritt										
Busin	ess or Residence A	ddre	ss (Number and	Stree	t, City, State, Zip Co	ode)					•••
5307	7 E. Mockingbird	, Sui	ite 200, Dallas,	Texa	s 75206						
Check	Box(es) that Appl	y:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	lame (Last name fi	rst, i	f individual)	_		•		_			
Busin	ess or Residence A	ddre	ss (Number and	Stree	t, City, State, Zip Co	ode)					
Check	Box(es) that Appl	y :	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	Jame (Last name fi	rst, i	f individual)					_			
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Check	Box(es) that Appl	y ;	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full N	lame (Last name fi	rst, i	f individual)								
Busin	ess or Residence A	ddres	ss (Number and	Stree	t, City, State, Zip Co	de)	. , ,				
			(Use bla	nk sh	eet, or copy and use	additi	onal copies of this sl	neet, a	s necessary		_

Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Yes No Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Yes No Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Yes No Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Yes No Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Yes No Answer also in Appendix, Column 2, if filing under ULOE. Yes No Yes No Answer also in Appendix, Column 2, if filing under ULOE. Yes No Yes No Answer also in Appendix, Column 2, if filing under ULOE. Yes No Yes No Answer also in Appendix, Column 2, if filing under ULOE. Yes No Yes No Yes No Yes No Associated Broker of cach person of appendix in Append						B. 1	NFORMAT	ION ABOU	T OFFERI	NG			• • • • • • • • • • • • • • • • • • • •	
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?	1	Hac the	icenar cold	or does t	ha iccuar ir	stand to ca	II to non a	coredited i	nuactore in	thic offer	ina?			=
2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (2) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Slifel, Nicolaus & Company, Incorporated Business or Residence Address (Number and Street, City, State, Zip Code) One Financial Plaza, 501 N. Broadway, St. Louis, MO 63102 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All AK AZ AR CA CO CT DE DC WZ GA HI ID II. WA IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH MY NN NY NC ND QH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States All States or check individual States All States All States All States	١.	mas the	issuel solu	i, or does ti							•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L	[X]
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states. List the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Stifel, Nicolaus & Company, Incorporated Business or Residence Address (Number and Street, City, State, Zip Code) One Financial Plaza, 501 N. Broadway, St. Louis, MO 63102 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	2.	· · · · · · · · · · · · · · · · · · ·									s 58,	000		
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Stifel, Nicolaus & Company, Incorporated Business or Residence Address (Number and Street, City, State, Zip Code) One Financial Plaza, 501 N. Broadway, St. Louis, MO 63102 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) ALL AK AZZ AR CA CO CT DE DC W. GA HI ID ILL W. IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH WY NM NY NC ND QH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed IIas Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Business or Residence Address (Number and Street, City, State, Zip Code) One Financial Plaza, 501 N. Broadway, St. Louis, MO 63102 Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States All AK AZ AR CA QO CT DE DC W. GA HI ID IL W IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH WY NM NY NC ND QH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States		•												
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		AL	AK	AZ	AR	CA	[CO]	[CT]	DE	DC	FL	GA	HI	[ID]
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MT NE NV NH NJ NM NY NC ND OH OK OR PA														
RI SC SD TN TX UT VT VA WA WV WI WY PR		<u>RI</u>	[SC]	[SD]	[TN]	LIX	[UT]	VT	[VA]	[WA]	[WV]	[WL]	WY)	[PR]
Full Name (Last name first, if individual)	Full	Name (Last name 1	first, if ind	ividual)						•	•		
Business or Residence Address (Number and Street, City, State, Zip Code)	Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)	,					
Name of Associated Broker or Dealer	Nan	ne of Ass	sociated Br	oker or De	aler							•		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	Stat	es in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit l	Purchasers		·			•	
(Check "All States" or check individual States)		(Check	"All States	" or check	individual	States)		·		***************************************	***************************************		☐ Al	States
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IL IN TA KS KY LA ME MD MA MI MN MS MO														
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \sum and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Amanus Alaanda
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	S
	Equity	\$ 20,300,000.00	\$ <u>19,333,314.0</u> 0
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$ 20,300,000.00	\$_19,333,314.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	51	s_19,333,314.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$_ <u>_</u>
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	Z	\$10,000.00
	Legal Fees		\$75,000.00
	Accounting Fees	Ø	\$15,000.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$1,016,666.00
	Other Expenses (identify)		\$
	Total		\$1,116,666.00

	C. OFFERING PRICE,	NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEDS	
	and total expenses furnished in response to Part	offering price given in response to Part C — Que C — Question 4.a. This difference is the "adjusted of the control of the cont	ed gross	\$ <u>19,183,334.00</u>
5.	each of the purposes shown. If the amount i	ess proceed to the issuer used or proposed to be a for any purpose is not known, furnish an estimptal of the payments listed must equal the adjuste of Part C — Question 4.b above.	ate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate			\$
	Purchase, rental or leasing and installation o	f machinery		
			——————————————————————————————————————	
		nd facilities	🔲 \$	_ 🗆 \$
	Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)		□\$	
			_	_
	Other (specify):			- E
	onici (specify).		🗆 "	- L. \$
	Column Totals			19,183,334.0
)		9,183,334.00
		D. FEDERAL SIGNATURE		
sig	nature constitutes an undertaking by the issuer	by the undersigned duly authorized person. If the to furnish to the U.S. Securities and Exchange n-accredited investor pursuant to paragraph (b	Commission, upon writt	
lss'	uer (Print or Type)	Signature /	Pate	
	orth Texas Bancshares, Inc.		December 29, 2	2006
No			w / I	
	me of Signer (Print or Type)	Title of Signer (Print or Type)	/	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE			
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K	

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)		Signaturo
North Texas Bancshares, Inc.		December 29, 2006
Name (Print or Type)		Title (Print or Type)
Thomas R. Youngblood		Chief Executive Officer

Instruction:

Ł.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX									
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Yes	No				
AL										
AK		To the state of th								
AZ			Common stock \$20,300,000	1	\$196,620.00					
AR										
CA										
со			Common stock \$20,300,000	1	\$196,620.00		10.10			
СТ										
DE							·			
DC										
FL			Common stock \$20,300,000	1	\$196,620.00					
GA										
ні										
ID										
IL										
IN			Common stock \$20,300,000	45	\$8,456,574.00					
IA						· .				
KS										
KY										
LA										
ME		· · ·								
MD										
MA										
МІ										
MN										
MS										

Intend to sell to non-accredited investors in State (Part B-Item 1) State Yes No Common stock \$20,300,000 Number of Accredited Investors Number of Accredited Investors Number of Accredited Investors Number of Accredited Investors Number of Non-Accredited Investors Number of	under Sta	ification		
State Yes No Accredited Investors Amount Non-Accredited Investors Amount MO Common stock \$20,300,000 0 \$0.00 MT NE NO NO NV NO NO NO NH Common stock \$20,300,000 2 \$349,972.00	explana waiver (5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
NT \$20,300,000 MT NE NV NH Common stock 2 \$349,972.00	Yes	No		
MT				
NV				
NH Common stock 2 \$349,972.00				
NJ Common stock 2 \$349,972.00				
\$20.300.000				
NM				
NY				
NC				
ND ND				
OH Common stock 1 9,936,908.0				
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OR				
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				APPI	ENDIX							
1		2	3		4							
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)							
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY												
PR												